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## Appendix 11

### Restorative Services

*Please note that local anesthesia is included in the fee for procedures requiring anesthesia and is not separately billable. When a provider uses anesthesia, the anesthesia charge should be included in the amount billed for the procedure.*

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b><i>Amalgam Restorations (including polishing):</i></b>				
<b>02110</b>	Amalgam - 1 surface, primary	No	All	Once per tooth, per year, per provider. <sup>+</sup> (tooth letters A-T, SN only)
<b>02120</b>	Amalgam - 2 surfaces, primary	No	All	Once per tooth, per year, per provider. <sup>+</sup> (tooth letters A-T, SN only)
<b>02130</b>	Amalgam - 3 surfaces, primary	No	All	Once per tooth, per year, per provider. <sup>+</sup> (tooth letters A-T, SN only)  (Four surface amalgams may be billed under this code.)
<b>02140</b>	Amalgam - 1 surface, permanent	No	All	Once per tooth, per 3 years, per provider. <sup>+</sup> (tooth numbers 1-32, SN only)
<b>02150</b>	Amalgam - 2 surfaces, permanent	No	All	Once per tooth, per 3 years, per provider. <sup>+</sup> (tooth numbers 1-32, SN only)
<b>02160</b>	Amalgam - 3 surfaces, permanent	No	All	Once per tooth, per 3 years, per provider. <sup>+</sup> (tooth numbers 1-32, SN only)  (Four surface amalgams may be billed under this code.)

**Key:**

- + - Limitation may be exceeded if narrative on claim demonstrates medical necessity for replacing a properly completed filling, crown, or adding a restoration on any tooth surface. Limitation may be exceeded for non-prior authorized crowns by indicating medical necessity in a narrative on the claim.

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### Appendix 11 Restorative Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b><i>Resin Restorations:</i></b>				
<b>02330</b>	Resin - 1 surface, anterior	No	All	Once per three years, per provider, per permanent tooth. <sup>+</sup>  Once per year, per provider, per primary tooth. <sup>+</sup>  Allowed for Class I and Class V only. (tooth numbers 6-11, 22-27, C-H, M-R, SN only)
<b>02331</b>	Resin - 2 surfaces, anterior	No	All	Once per three years, per provider, per permanent tooth. <sup>+</sup>  Once per year, per provider, per primary tooth. <sup>+</sup>  Allowed for Class III only. (tooth numbers 6-11, 22-27, C-H, M-R, SN only)
<b>02332</b>	Resin - 3 surfaces, anterior	No	All	Once per three years, per provider, per permanent tooth. <sup>+</sup>  Once per year, per provider, per primary tooth. <sup>+</sup>  Allowed for Class III and Class IV only. (tooth numbers 6-11, 22-27, C-H, M-R, SN only)
<b>02335</b>	Resin - 4 or more surfaces or involving incisal angle (anterior)	No	All	Once per three years, per provider, per permanent tooth. <sup>+</sup>  Once per year, per provider, per primary tooth. <sup>+</sup>  Allowed for Class IV only. (tooth numbers 6-11, 22-27, C-H, M-R, SN only)  Must include incisal angle.  Four surface resins may be billed under 02332, unless an incisal angle is included.

**Key:**

- + - Limitation may be exceeded if narrative on claim demonstrates medical necessity for replacing a properly completed filling, crown, or adding a restoration on any tooth surface. Limitation may be exceeded for non-prior authorized crowns by indicating medical necessity in a narrative on the claim.

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### Appendix 11 Restorative Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b>02380</b>	Resin - 1 surface, posterior primary	No	All	Once per year, per provider, per tooth. <sup>+</sup> (tooth letters A, B, I, J, K, L, S, T, SN)
<b>02381</b>	Resin - 2 surfaces, posterior primary	No	All	Once per tooth, per year, per provider. <sup>+</sup> (tooth letters A, B, I, J, K, L, S, T, SN only)  This resin code will be paid at the same rate as an equivalent amalgam.
<b>02382</b>	Resin - 3 or more surfaces, posterior primary	No	All	Once per tooth, per year, per provider. <sup>+</sup> (tooth letters A, B, I, J, K, L, S, T, SN only)  This resin code will be paid at the same rate as an equivalent amalgam.
<b>02385</b>	Resin - 1 surface, posterior permanent	No	All	Once per three years, per provider, per tooth. <sup>+</sup>  (tooth numbers 1-5, 12-21, 28-32, SN)
<b>02386</b>	Resin - 2 surfaces, posterior permanent	No	All	Once per tooth, per 3 years, per provider. <sup>1</sup> (tooth numbers 1-5, 12-21, 28-32, SN)  This resin code will be paid at the same rate as an equivalent amalgam.
<b>02387</b>	Resin - 3 or more surfaces, posterior permanent	No	All	Once per tooth, per 3 years, per provider. <sup>1</sup> (tooth numbers 1-5, 12-21, 28-32, SN)  This resin code will be paid at the same rate as an equivalent amalgam.
<b><i>Other Restorative Services:</i></b>				
<b>02910</b>	Recement inlay	No	All	Tooth numbers 1-32, SN only.
<b>02920</b>	Recement crown	No	All	Tooth numbers 1-32, A-T, SN.
<b>02930</b>	Prefabricated stainless steel crown (SSC) primary tooth	No	All	Tooth letters A-T, SN only (once per year, per tooth). <sup>+</sup>
<b>02931</b>	Prefabricated stainless steel crown (SSC) permanent tooth	No	All	Tooth numbers 1-32, SN only (once per five years, per tooth) <sup>+</sup>

**Key:**

- <sup>1</sup> - Retain records in recipient files regarding nature of emergency.
- + - Limitation may be exceeded if narrative on claim demonstrates medical necessity for replacing a properly completed filling, crown, or adding a restoration on any tooth surface. Limitation may be exceeded for non-prior authorized crowns by indicating medical necessity in a narrative on the claim.

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### Appendix 11 Restorative Services (continued)

Proc. Code	Description of Service	PA Required?	Allowable Age	Limitations
<b>02932</b>	Prefabricated resin crown	Yes (> age 20)	All	<p>Tooth numbers 6-11, 22-27, D-G, SN (once per year, per primary tooth; once per five years, per permanent tooth).</p> <p>(Composite crown may be billed under this code).</p> <p>Limitation exceeded with narrative for children<sup>+</sup>, and with prior authorization for adults &gt; age 20.*</p>
<b>02933</b>	Prefabricated stainless steel crown with resin window	Yes (> age 20)	All	<p>Tooth numbers 6-11, D-G, SN only (once per year, per primary tooth; once per five years, per permanent tooth).</p> <p>Limitation exceeded with narrative for children<sup>+</sup> and with prior authorization for adults &gt; age 20.*</p>
<b><i>Upgraded Cast Crown:</i></b>				
<b>W7126</b>	Upgraded crown	Yes	All	<p>Tooth numbers 1-32, A-T, SN (once per year, per primary tooth; once per five years, per permanent tooth*).</p> <p>No dentist is obligated to provide this service.</p>
<b>02940</b>	Sedative filling	No	All	Not allowed with pulpotomies, permanent restorations, or endodontic procedures (tooth numbers 1-32, A-T, SN only).
<b>02951</b>	Pin retention - per tooth, in addition to restoration	No	All	Tooth numbers 1-32, SN only (once per three years per tooth). <sup>+</sup>

**Key:**

- \* - Frequency limitation may be exceeded only with prior authorization.
- + - Limitation may be exceeded if narrative on claim demonstrates medical necessity for replacing a properly completed filling, crown, or adding a restoration on any tooth surface. Limitation may be exceeded for non-prior authorized crowns by indicating medical necessity in a narrative on the claim.

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## Appendix 11 Restorative Services (continued)

### COVERED SERVICES

FREQUENCY LIMITATIONS	Wisconsin Medicaid limits the frequency of restorations on each tooth. The limitations may be exceeded only if a narrative on the claim demonstrates the medical necessity for replacing a properly completed restoration. Claims for a replacement restoration done in less than the allowable time frame that fail to include a statement indicating why the restoration was replaced are denied.												
STANDARDS AND GUIDELINES	<p>The standards and guidelines listed below, along with any limitations listed in the preceding pages, are required to be followed when providing restorative services:</p> <ul style="list-style-type: none"><li>- A restoration is considered a two or more surface restoration when two or more actual tooth surfaces are involved, <i>whether they are connected or not</i>.</li><li>- Any single or combination of restorations on one surface of a tooth is considered as one surface for reimbursement purposes.</li><li>- For billing purposes, count the total number of tooth surfaces restored and list the surface letters on the claim, <i>even when unrelated surfaces are restored</i>.</li><li>- Services not reimbursable as separate procedures are:<ul style="list-style-type: none"><li>1. Services considered part of the restoration, including:<ul style="list-style-type: none"><li>a. Base, copalite, or calcium hydroxide liners placed under a restoration.</li><li>b. The acid etching procedure for composite restorations.</li></ul></li><li>2. Local anesthesia which is included in the restorative service fee.</li></ul></li><li>- Charges for pulpotomies must be itemized separately on the dental claim form. They are not included in the reimbursement for restorations.</li></ul>												
AMALGAM RESTORATIONS	<p>Amalgam restorations:</p> <ul style="list-style-type: none"><li>- Are a covered service of Wisconsin Medicaid.</li><li>- Can be placed on any primary or permanent tooth.</li></ul>												
RESIN RESTORATIONS	Wisconsin Medicaid covers resin restorations and reimburses most resin codes at the same rate as an equivalent amalgam.												
TEMPORARY SEDATIVE FILLINGS	Temporary sedative fillings in conjunction with root canal procedures are paid for as part of the root canal procedure and are not separately billable. They are not considered to be a small base before placement of a permanent restoration.												
TOOTH SURFACES	<p>The following letters are the only ones accepted by Wisconsin Medicaid for the identification of tooth surfaces:</p> <p>Anterior Teeth (Centrals, Laterals, Cuspids)</p> <table><tr><td>Mesial</td><td>(M)</td><td>Facial</td><td>(F)</td></tr><tr><td>Incisal</td><td>(I)</td><td>Lingual</td><td>(L)</td></tr><tr><td>Distal</td><td>(D)</td><td>Gingival</td><td>(G)</td></tr></table>	Mesial	(M)	Facial	(F)	Incisal	(I)	Lingual	(L)	Distal	(D)	Gingival	(G)
Mesial	(M)	Facial	(F)										
Incisal	(I)	Lingual	(L)										
Distal	(D)	Gingival	(G)										

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## Appendix 11 Restorative Services (continued)

### Posterior Teeth (Pre-molars/Bicuspid, Molars)

Mesial	(M)	Buccal	(B)
Occlusal	(O)	Lingual	(L)
Distal	(D)	Gingival	(G)

Wisconsin Medicaid only pays per unique surface regardless of location. When gingival (G) is listed with a second surface, such as BG, BFG, DG, FG, LG, MG, they are considered a single surface. Also, "FB" is considered one surface since the two letters describe the same tooth surface.

### PRIOR AUTHORIZATION

#### CROWNS

PA is required for recipients 21 years of age and older for composite/prefabricated resin crowns or stainless steel crowns with resin windows on specific anterior teeth.

#### UPGRADED CROWNS

Wisconsin Medicaid reimburses dentists for providing upgraded crowns. Due to fiscal limitations, and federal and state regulations, the following policy regarding these services has been established:

- PA is always required.
- Reimbursement is at the maximum fee for the "standard" stainless steel crown.
- Reimbursement must be accepted as payment in full.
- Each dental office that provides the service must have written criteria based on medical necessity to determine who will receive the upgraded service.
- The form in Appendix 25 of this handbook must be completed and attached to the PA/DRF and PA/DA.
- All criteria must be applied consistently to all Medicaid recipients.

*No dentist is under any obligation to provide upgraded crowns.*

#### RADIOGRAPH DOCUMENTATION

Providers must include a periapical radiograph of the involved tooth or teeth with any request for PA for crowns.

### ADDITIONAL INFORMATION

In addition to this summary, a provider needs to refer to:

- The preceding pages for a complete listing of Wisconsin Medicaid covered restorative services, procedure codes, and related limitations.
- Appendix 31 for a summary of required billing documentation.
- Appendix 24 for a summary of required documentation needed for PA requests.